

UNITED STATES DEPARTMENT OF THE INTERIOR
MINERALS MANAGEMENT SERVICE
GULF OF MEXICO REGION

ACCIDENT INVESTIGATION REPORT

1. OCCURRED

DATE: 07-APR-2010 TIME: 1600 HOURS

2. OPERATOR: Statoil Gulf of Mexico LLC
REPRESENTATIVE: Becnel, Thomas
TELEPHONE: (713) 579-9905
CONTRACTOR:
REPRESENTATIVE:
TELEPHONE:

- STRUCTURAL DAMAGE
- CRANE
- OTHER LIFTING DEVICE
- DAMAGED/DISABLED SAFETY SYS.
- INCIDENT >\$25K
- H2S/15MIN./20PPM
- REQUIRED MUSTER
- SHUTDOWN FROM GAS RELEASE
- OTHER **SBM lost through dump valve**

3. OPERATOR/CONTRACTOR REPRESENTATIVE/SUPERVISOR
ON SITE AT TIME OF INCIDENT:

6. OPERATION:

4. LEASE: G20341
AREA: WR LATITUDE:
BLOCK: 543 LONGITUDE:

- PRODUCTION
- DRILLING
- WORKOVER
- COMPLETION
- HELICOPTER
- MOTOR VESSEL
- PIPELINE SEGMENT NO.
- OTHER

5. PLATFORM:
RIG NAME: MAERSK DEVELOPER

6. ACTIVITY: EXPLORATION (POE)
 DEVELOPMENT/PRODUCTION
(DOCD/POD)

8. CAUSE:

7. TYPE:
 HISTORIC INJURY
 REQUIRED EVACUATION
 LTA (1-3 days)
 LTA (>3 days)
 RW/JT (1-3 days)
 RW/JT (>3 days)
 Other Injury

- EQUIPMENT FAILURE
- HUMAN ERROR
- EXTERNAL DAMAGE
- SLIP/TRIP/FALL
- WEATHER RELATED
- LEAK
- UPSET H2O TREATING
- OVERBOARD DRILLING FLUID
- OTHER _____

FATALITY
 POLLUTION
 FIRE
 EXPLOSION

9. WATER DEPTH: 6606 FT.

LWC HISTORIC BLOWOUT
 UNDERGROUND
 SURFACE
 DEVERTER
 SURFACE EQUIPMENT FAILURE OR PROCEDURES

10. DISTANCE FROM SHORE: 182 MI.

11. WIND DIRECTION: SSE
SPEED: 17 M.P.H.

12. CURRENT DIRECTION: WNW
SPEED: 0 M.P.H.

COLLISION HISTORIC >\$25K <=\$25K

13. SEA STATE: 4 FT.

17. INVESTIGATION FINDINGS:

On 7-APR-2010 at 1600 hours, the "Maersk Developer" rig personnel decided to circulate the well to condition the mud. During circulation approximately 125 barrels of Synthetic Based Mud (SBM) was spilled overboard through a dump valve located approximately 20 feet below the waterline. Once the SBM was discharged overboard, it was discovered that the shakers were inadvertently lined up to the shaker dumps and then overboard for drilling out cement and cement cuttings. The valving set-up was not properly configured to go from the shakers to the MI Swaco unit for circulating the mud weight.

18. LIST THE PROBABLE CAUSE(S) OF ACCIDENT:

The cause of this incident was that the valving was lined up inadvertently from the shakers to the shaker dumps and then overboard.

19. LIST THE CONTRIBUTING CAUSE(S) OF ACCIDENT:

There was no written procedure discussed or work permit completed prior to conditioning the mud during circulation.

20. LIST THE ADDITIONAL INFORMATION:

To prevent this incident from reoccurring, the spill event was discussed in full detail with both the Lead Drilling Engineer, the Drilling Engineer, the Lead HSE Advisor, the Staff Regulatory Advisor, the Drilling HSE Advisor, the Rig Supervisor and the Maersk personnel. A work permit will be required before any alignment of the valves from the shakers to the shaker dumps and/or cutting dryers can take place.

21. PROPERTY DAMAGED:

125 bbls of synthetic base mud

NATURE OF DAMAGE:

Lost overboard

ESTIMATED AMOUNT (TOTAL): \$22,500

22. RECOMMENDATIONS TO PREVENT RECURRANCE NARRATIVE:

The Houma District office has no recommendations to report to the Regional Office of Safety Management.

The Houma District concurs with Statoil's recommendations to prevent reoccurrence listed in Item 20 of this report.

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: NO

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

N/A

25. DATE OF ONSITE INVESTIGATION:

26. ONSITE TEAM MEMBERS:

Casey Bisso /

29. ACCIDENT INVESTIGATION

PANEL FORMED: **NO**

OCS REPORT:

30. DISTRICT SUPERVISOR:

Bryan A. Domangue

APPROVED

DATE: **01-AUG-2010**

INJURY/FATALITY/WITNESS ATTACHMENT

OPERATOR REPRESENTATIVE

INJURY

CONTRACTOR REPRESENTATIVE

FATALITY

OTHER _____

WITNESS

NAME:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE:

YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY:

STATE:

ZIP CODE:

OPERATOR REPRESENTATIVE

INJURY

CONTRACTOR REPRESENTATIVE

FATALITY

OTHER _____

WITNESS

NAME:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE:

YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY:

STATE:

ZIP CODE:

